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APPLICANTS

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** CONTINUING DATA ***** *None* (MA)** FOREIGN APPLICATIONS ***** *None* (MA)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>MA</i>	Initials <i>MA</i>		

ADDRESS

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TITLE

Football kicking training aid

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